1			OF HEALTI	State File 1	lönninkin sjärring
1. PLACE OF BIRTH		AU OF VITAL STA		ILA O Registered 1	ło
110	STAND	ARD CERTIFICATE		TTX Q	
County		State	anz		
N. 1. 1. 1		or VII	la ca		
District or Township	71				4.5
City Winter	(If bleth oc	curred in a hospital	or institution; give	its NAME instead of s	treet and number)
5	dona Mi	CAR R	resta	) If child is not	ret named, make
2. Full name of child	vices zec				port, as directed.
3. Sex of Child To be answere in Sent of pl	d ONLY \ 4. Twin, tri	lplet or other	6. Legitimate 1 7	of birth	181931
bruhs.	f. No., in :	order of birth	Ches 1	Month	Day Year
8 1	FATHER	14/	1	Mother	
	10 10 . /		nalden name	y Ru	
Full name Chan	13/sur			a prayo	
9. Residence		15. 1	Residence	Maria de a	1 - 1
(Usual place of porte)	ousna	aca	(Usual place of At)		cours
Il non-resident, give place	and state. Wir	<b>)</b>	non-resident, give pis	ice and state.	
10. Color/or race/	•	2/ 16/29	ologor refe		
	l. Age at last blithda	Zears)	KITA I	17. Age at last birth	10. 9 8 (Value )
1 month	~w			11. 280 at last often	
12, Birthplace (city or plas	Maurine	18. I	Birthplace (city o	aguns	outh
1	and		(State or country)	Quen	10 11
(State or country)	1707		11	17	
13. Occupation	as for bord	(a / II	Occupation	unca	-ye
Nature of Industry		ll Wa	ture of Industry		- I
				21. Were precautions t	aken against onb.
20. Number of children of thi		) Born alive and no ) Born alive but no		Malmia neonatorum	1
(Taken as of time of birth of certified and including this ch	sid.) (e)	Stillborn		yes_	
			SICIAN OR MIDWIN		4.1.
I hereby certify that I attend	ed the birth of this child	, who wasd	live or fillberg	th on the	date shove stated
When there was no atto or midwife, then the fath	nding physician	1/100	ile 191	aist	110
		iuro Caramanana			
child is one that neither shows other evidence of life	breathes nor a least birth.		17	(Physician of	midwifo)
Direct many added from	•	Address	Haya	an ar	2
a supplementl report	Month, day, year	1	lea ail	PULL	1-44-
		Filed QUI	TY, UY	1010	Registrar.
	Registrar				vekistlat.
~ つう.	410 _ 156				